

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM

REQUEST FOR REIMBURSEMENT (Higher Education Only)

DATE _____ Internal Doc # _____ Business Area: _____

Institution contact: _____ Phone #: _____

Bank Account Vendor #: _____ Pmnt Method (A or W): _____

Bank Account # _____ **Bank Routing:** _____Institution _____ House Bank: TREASPayment Term: 0001 Tax P0

GL Account	Cost Center	Amount	Adjustment (DFA use only)
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Amount		\$ 0.00	\$ 0.00

Cash Cost Center: _____ **Treasury Fund:** _____**Agency Disbursing Officer Authorization to: The Auditor of State**

As the bonded disbursing officer, or his authorized agent, of the State Agency, I certify that all of the original papers and detail supporting evidence for this account are on file in this agency for audit purposes.

Signature: _____ Date: _____

Name: _____ Email: _____

Telephone: _____ Fax: _____

DFA Office of Accounting Use Only

AASIS Document No. _____ AASIS Refund Doc. No. _____

Warrant No. _____

DFA Office of Accounting Authorization: _____ Date: _____